

'It's a disaster': Trust in long-term care at an all-time low



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A resident and a worker watch as 150 nursing union members show support at Orchard Villa Long-Term Care in Pickering, Ontario on Monday June 1, 2020. (THE CANADIAN PRESS/Frank Gunn)

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TORONTO -- The COVID-19 pandemic has exacerbated and brought to light issues with Canada's long-term care facilities, wreaking havoc on residents and exposing poor conditions and care, leaving some seniors actively looking at living at home longer.

"People are scared, they saw what happened. They have every right to be fearful. They don't trust the system as is, particularly the for-profit element of it," Vivian Stamatopoulos, associate professor at Ontario Tech University and long-term care advocate and researcher, told CTVNews.ca in a phone interview on Monday.

The majority of COVID-19 deaths in Canada have been in long-term care homes. According to a [tally kept by Nora Loreto](#), a writer who has been tracking COVID-19 deaths in residential care since the start of the pandemic, as of March 7, 2021, 15,597 Canadians living in long-term care have died from COVID-19. That is 70 per cent of Canada's overall deaths as of March 7.



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Yet despite the increased need for long-term care homes as Canada's population ages, public trust in the overall system is at a breaking point.

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"It's this completely diametric opposition to what you would want," Laura Tamblyn Watts, CEO of CanAge, told CTVNews.ca in a phone interview on Monday. "It feels worse than ever, it's trusted the least it has ever been trusted, and it has been at a highest rate of need than ever."

Now, more than ever, seniors want to avoid long-term care homes. A recent survey showed that 96 per cent of seniors would do everything they could to avoid moving into an LTC home, according to Dr. Amit Arya, a palliative care physician who specializes in long-term care.

Even before the pandemic, long-term care was viewed as a last-resort.

"The vast majority of seniors have always wanted to stay at home for as long as possible," Arya said in an email on Sunday.

For Arya, this is indicative of a failure of our home care system, which he says is also broken. According to Tamblyn Watts, about a quarter of Ontario's 38,000 person waitlist for long-term care homes could return to their own homes if the province offered more robust home care.

But experts say neither is a perfect option.

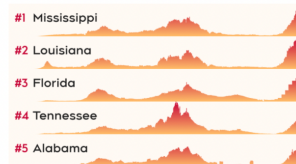
Comparing long-term care and home care options, Arya said that long-term care residents typically receive about two hours of care from a personal support worker each day, less than an hour with a nurse, and check-ins with their doctor once or twice a week.

Home care means a maximum of three hours of care per day, typically provided by a personal support worker. But not every patient is provided a nurse, and equipment isn't always doled out, meaning family may have to pay for hospital beds, walkers, and other necessary tools and supports, he added.

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"In both cases, there is no minimum care guarantee," he said.

But families who have pulled their loved ones out of long-term care facilities because of the COVID-19 pandemic face a whole host of new challenges.

"It is completely untenable with the supports we have now," Stamatopoulos said.

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Many Canadians will end up in long-term care, or on a waitlist to get into a facility, but when and for how long depends on our frailty.

"It's going to be a combination of mental deterioration, plus incontinence, plus one other significant co-morbidity, like falling or it could be cancer," Tambyn Watts said regarding who ends up in long-term care.

"We will never be in a situation where we don't need long-term care," she added.

"[Before long-term care] you grew old at home, and then you probably had an acute incident and you went to hospital and you died, or you got some extended services and you died."

Stamatopoulos says Canada needs to do something similar to what Denmark has done with their long-term care system.

"20 years ago they stopped building conventional nursing homes and they invested heavily in quality community care," she said.

This allowed them to put highly skilled and trained workers and resources in peoples' homes, and when that wasn't enough they have small facilities with private rooms and bathrooms with shared kitchens, she added.

"That's what we need to move towards," she said.

Home care requires a different set of technology, one that Age-Well, Canada's technology and aging network is familiar with.

Alex Mihailidis, Scientific Director and CEO of Age-Well, told CTVNews.ca during a phone interview on Monday that the network has been working on technology that would support people complete their activities of daily living.

This could include smart home technologies that monitor seniors in their homes, with prompts and reminders for activities, or monitor and predict health changes, said Mihailidis, a University of Toronto professor.

"Right now, a lot of technologies are custom made because they are in the research or early stage of production and commercialization," he added.

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The goal is to have them seen as consumer products, not medical devices. Like smart watches and smartphones, some can now monitor blood oxygen levels, alert users to increased heart rates, and have fall detection.

But government funding to make these devices for mass consumption is limited. Canada spends just 0.84 per cent of GDP on research and development, according to the Conference Board of Canada.

"We do have some funding as part of the network from the federal government, unfortunately the program that funds this type of work has been closed down by the federal government," said Mihailidis.

As for the options seniors have in terms of care, it can depend on how much money they and their families can afford to put into their care.

"People can't afford home care, yes, you shouldn't have to afford home care, fundamentally it should be part of our healthcare and it shouldn't be an issue anyone struggles with," said Tambllyn Watts, adding that forcing patients to decide to risk staying at home or going in to long-term care is unethical.

"The problem is when we are making people live in unnecessary risk because we don't provide them with the answers and the solutions and the supports to help them live better."

The start of the solution may be to move away from privatized long-term care home and home care, and both systems need to be fixed at the same time.

"We should focus more on moving towards public delivery of care and phasing out care delivered by private for-profit operators," said Arya.

Edited by Nicole Bogart.

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